



# Texas HIV/STD UPDATE

News and Information from the Texas Department of Health Bureau of HIV & STD Prevention  
Winter-Spring 1999/Volume 3, Number 4

## HIV SURVEILLANCE:

### TDH Implements Name-Based HIV Reporting Requirements

The Texas Department of Health (TDH) implemented reporting changes on January 1, 1999 that require the names of people testing positive for HIV infection to be included in standard disease reports to state health authorities.

The new rules, approved by the Texas Board of Health at the end of 1998, require laboratories and health care providers to report confirmed cases of HIV infection by name to the local surveillance authority. To report cases, providers can call (800) 705-8868, which will automatically connect the caller to the appropriate local surveillance office.

Name-based HIV reporting is a significant change that required considerable effort on the part of TDH. To solicit input from health professionals, HIV/AIDS clients, and the community at large, TDH conducted extensive community meetings throughout 1998. Detailed descriptions of the information gathering and decision making processes involved in these changes are available on the Internet at <http://www.tdh.state.tx.us/hivstd/input.htm>.

#### Need For Reporting HIV By Name

AIDS, the late stage of HIV infection, has been reportable by name in Texas since 1983. Recent advances in the treatment and prevention of HIV infection have resulted in a decrease in AIDS mortality and a longer time to the development of AIDS after infection with HIV. Thus, reliable reporting of AIDS no longer provides adequate information for understanding the epidemiology of HIV in Texas. National, state, and local advocacy groups agree that it is critical to have better monitoring of HIV infection.

Accurate data are essential to ensure that HIV prevention and services resources are directed to the communities and groups bearing the greatest burden of HIV disease now. It also allows resource allocations to be more sensitive to shifts in the HIV epidemic. From 1994 through 1998, Texas used a HIV reporting system based on assigning each case a unique number. However, HIV reporting systems that use

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### Austin Hosts Annual Ryan White Meeting

The TDH HIV/STD Health Resources Division will host the annual Texas Ryan White Meeting May 13 and 14, 1999 at the Renaissance Hotel in Austin. Invited attendees are Title II Consortium Chairpersons, Title II Administrative Agencies, Title I Planning Council Chairpersons, Title I Grantees, Title III Grantees, Title IV Grantees, and Part F Grantees. Check with your Title II administrative agency if you are interested in attending.

A free managed care workshop is being held May 12, 1999 at the same location. In addition to the attendees listed above, case managers, nurses, direct services staff and administrative staff of HIV agencies are invited to attend. For more information, contact Jenny Penny at (512) 490-2520.

### 12th Texas HIV/STD Conference Will Feature Plenary Speakers from Around the Nation

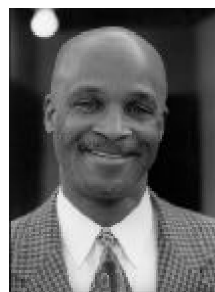
The 12th Annual Texas HIV/STD Conference will take place April 6-9, 1999 at the Austin Convention Center. Speakers from around the country will address a wide variety of HIV/STD-related topics at the morning plenary sessions. Here is a day-by-day guide to this year's plenary speakers:

#### Tuesday, April 5

TDH Bureau of HIV and STD Prevention Chief **Dr. Sharilyn Stanley** will discuss the recent changes to Texas' HIV reporting rules and provide preliminary data on the impact of the new rules. **Harry L. Simpson**, executive director of Detroit's Community Health Aware-

ness Group, will explain how a coalition of local service providers mounted

a successful public/private campaign to legalize needle exchange and develop a comprehensive harm reduction strategy. Texas Commissioner of Health **Dr. William R. Archer III** is also slated to address the conference Tuesday morning.



Harry L. Simpson

#### Wednesday, April 6

Motivational speaker and AIDS educator **Denise Stokes** is a member of President Clinton's HIV/AIDS Advisory Council. Infected with HIV 16 years ago and diagnosed 12 years ago, Stokes will discuss her journey

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# HIV/STD Bureau News

## New HIV Testing Reports Examine CTS Sites and OB/GYN Clinics

Two new HIV reports are now available from the Research and Program Evaluation Branch.

*Publicly-Funded HIV Prevention Counseling and Testing in Texas: 1997* is an overview of HIV tests performed at Counseling and Testing System (CTS) sites in 1997. The CTS data are useful for understanding who is seeking testing and prevention counseling for HIV/AIDS. The 1997 report found the volume of HIV tests at publicly-funded clinics was 16% lower than in 1996. The volume of positive HIV tests was 33% lower than in 1996. As in 1996, African American men and women had the highest proportion of positive tests.

*Prenatal HIV Testing in Private OB/GYN Clinics in Texas* details the results of a TDH telephone survey of Texas prenatal care providers to assess the testing practices of

private OB/GYN specialists. Of the OB/GYN specialists surveyed, 99% reported offering an HIV test to all their pregnant patients during the last six months. More than 95% of the practices reported that 10% or less of the women refused the test when offered. The providers surveyed were not as thorough in the area of patient education and referral. Less than half stated they talked to pregnant patients about the mechanics of perinatal HIV transmission, the possibility of HIV transmission through breastfeeding, reducing the chance of perinatal transmission with AZT treatment and preventing horizontal HIV transmission. Only 29% of the practices stated that they refer high-risk pregnant patients for prevention counseling.

To obtain a copy of either report, call the Research and Program Evaluation Branch at (512) 490-2555.

## Texas HIV/STD Conference Brings in Nationally-Known Speakers

**Continued from Page 1**

from AIDS client to counselor. Southwest Texas State University health education professor **David Wiley, Ph.D.** will present current research and statistics on the disproportionate impact STDs have on females and identify strategies to address this problem from both public health and school-based health approaches.



David Wiley, Ph.D.

(HCV). Elements of the federal government's HCV prevention and control efforts will also be presented. Jill

**DeBoer and Bob Tracy** from the Minnesota Department of Health's AIDS/STD Prevention Services Program will discuss the creation of an STD advocacy

model that builds on the past successes of the AIDS community in the areas of political activism, coalition building and government/community partnerships.



Bob Tracy and Jill DeBoer

### Thursday, April 8

The plenary session will begin with a panel discussion of the partner elicitation/partner notification services offered to sex and needle-sharing partners of HIV/STD infected clients. TDH HIV/STD trainer **John Harborth** will moderate the panel.

**Wesley Jay Hodgson, B.S.H.P., M.P.A.**, a public health advisor at the Center for Disease Control and Prevention's (CDC) Hepatitis Branch, will discuss the significant public health problem posed by hepatitis C

### Friday, April 9

**Andrew T. McPhaul, M.A., L.P.C.**, HIV medical case manager at the Gulf Coast Center in Galveston, will discuss the social and psychological parallels between the 1918 Spanish influenza pandemic and HIV. **Martin Delaney**, founding director

of San Francisco-based Project Inform, will discuss recent HIV therapy advances, adherence, and treatment issues.

### CDC Pre-Conference Workshop

CDC will conduct a pre-conference workshop offering information on a new HIV program announcement concerning the direct funding of minority community-based organizations. This workshop will take place Monday, April 5. Contact **Kevin O'Connor** or **Tomas Rodriguez** at (404) 639-5230 to register.

## Nursing CEUs Now Available for STD Course

Contact hours for nursing (CNEs) are now available for the Training and Public Education Branch's "STD Facts and Fallacies" course. For details, contact **Cindi Blair** at (512) 490-2535.

## Fact Sheet on HIV Seroconversion Available

A ready-to-copy fact sheet on HIV seroconversion (the "window period") is now available from the Training and Public Education Branch. To get your copy, call (512) 490-2535.

## Name-Based HIV Reporting Begins

Continued from Page 1

names produce more reliable information about the epidemic than do non-named systems. States that have HIV reporting by name report that their systems miss only 3% to 26% of diagnosed HIV cases. By comparison, the non-named system used to report HIV in Texas missed about 74% of the cases diagnosed from 1995 through 1996.

This poor level of reporting does not allow one to adequately monitor or understand the changing demographics of the epidemic. In addition to incomplete reporting, non-named systems do not allow adequate follow-back by the health department to the provider and the patient to ensure that the patient is referred for available services and voluntary partner notification. Follow-back by trained public health employees assumes that all persons with HIV whose cases have been confirmed receive the following:

- ! Notification that they are infected with HIV
- ! Appropriate referral to health and social services
- ! Assistance in telling their sex and/or needle-sharing partners of their possible exposure to HIV

### HIV Reporting Procedure

The following information is required to complete an initial morbidity report for each confirmed HIV infection:

- ! The name, address, birthdate, sex, and race/ethnicity of the infected person
- ! The test type, test date, and test result
- ! The name and address of the provider making the HIV diagnosis

The local surveillance authority will follow back with local providers to fill out a complete HIV infection case reporting form. They will also work with providers to ensure that the infected individual:

- ! Knows his/her test result,
- ! Has been referred to medical and social services, and
- ! Has been offered assistance in notifying his/her sex and needle sharing partners that they may have been exposed to HIV.

The local surveillance authority will send case reports to the Texas Department of Health (TDH) in Austin. TDH will remove identifying information and send aggregate reporting data to the CDC.

Retroactive reporting of HIV by name will **not** occur. To be accepted by TDH, a case report must have a test date that falls on or after January 1, 1999. Persons whose last positive HIV test falls before that date will not be reported to the surveillance system by name unless they develop AIDS.

### Anonymous HIV Testing

People who do not want to have their names placed on their HIV tests can choose to be tested anonymously. TDH is committed to making anonymous HIV testing accessible to people in all areas of Texas. By Texas law, all public health clinics must offer anonymous testing or give referrals to sites that do. Additionally, all HIV testing sites that get funds from TDH must offer anonymous HIV testing on

site. The names of persons who test positive with anonymous tests will not be reported. However, most HIV service providers require a confidential positive test result — one with the client's real name— before they will provide services. Anyone can call (800) 299-AIDS to find out where anonymous HIV testing is available.

### Security Measures For Confidentiality

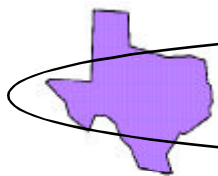
HIV reporting information is **not** public information. By law, all surveillance information is confidential and privileged. This means no one can find out a person's HIV status by filing an open records request or a Freedom of Information Act request. There are very limited circumstances under which surveillance information containing a name might be released. These include protecting the health of a spouse, health care workers, first responders, emergency personnel, peace officers, fire fighters, and victims of sexual assault. Surveillance workers who inappropriately release or disclose surveillance information face various legal sanctions; intentional or criminally negligent breaches of confidentiality are Class A misdemeanors. (Health and Safety Code, §81.103).

Surveillance workers cannot be subpoenaed or deposed to release surveillance information about an individual. They cannot be questioned in a civil, criminal, special or other proceeding about the existence or contents of the surveillance records of a person examined or treated for a reportable disease without that person's consent (Health and Safety Code §81.046). Surveillance workers do not give law enforcement agencies, immigration agencies, insurance companies, employers or families access to the databases which contain surveillance information. Local, regional and state surveillance workers have successfully guarded the names of more than 46,000 AIDS patients for 15 years without a known breach of confidentiality in the surveillance system.

State and local surveillance sites use the following security measures to insure confidentiality:

1. Staff are required to sign confidentiality agreements, and are subject to criminal and civil penalties and loss of employment if they breach confidentiality. Staff members receive training in how to conduct case investigations and handle information while maintaining data security and confidentiality.
2. Physical barriers separate the public from the areas where the information is kept. The computers that hold the data are not accessible to the public or other staff outside the surveillance unit. These computers are stand-alone systems and cannot be accessed through modems or the Internet. A limited number of surveillance workers at each site can access the databases.
3. The surveillance system is electronically secured through passwords, encryption and security card access.
4. TDH conducts regular security audits of local surveillance sites—some of which are unannounced visits—to ensure that security procedures are observed.

For more information on HIV reporting, contact **Ann Robbins** at (512) 490-2555.



# Around the State

## STD TESTING AND TREATMENT:

### Infertility Prevention Project Fights Chlamydia Complications

The Infertility Prevention Project (IPP) is a multi-faceted, multi-state project funded by CDC. The Project's overall mission is to implement effective prevention strategies designed to reduce the prevalence of *Chlamydia trachomatis* and its potentially debilitating complications. Project funds are used to screen and treat women for chlamydial infections, to counsel women and their partners on safer sex practices, and to refer women for other medical services as appropriate.

TDH began implementation of the IPP on September 1, 1996. Five STD clinics and four Title X family planning clinics geographically distributed across Texas were selected as initial sentinel screening sites. In March 1997, an additional STD sentinel site was added. Family planning sites currently account for 70% of the screening, and STD sites for 30%.

Some chlamydia and gonorrhea screening had been occurring in many STD and state-funded family planning clinics since 1987 when chlamydia

#### IPP Sentinel Screening Sites

##### STD Sites:

Amarillo Health Dept., Amarillo  
Lubbock Health Dept., Lubbock  
Tarrant Co. Health Dept., Ft. Worth  
Dallas Co. Health Dept., Dallas  
Austin/Travis Co. Health & Human Services Dept., Austin  
San Antonio Metropolitan Health Dist., San Antonio  
Bexar Co. Juvenile Detention Center, San Antonio

##### Title X Family Planning Clinics:

R.E. Thomason General Hospital, El Paso  
N. Central Texas Medical Foundation, Wichita Falls  
Planned Parenthood of N. Texas, Ft. Worth  
Planned Parenthood of Houston Teen Clinic, Houston  
Planned Parenthood of Hidalgo Co., McAllen

became reportable in Texas. However, with the initiation of the IPP, clinic personnel at the sentinel sites began collecting risk factor information. Project

funds have also been used to provide single dose therapy (Zithromax) at those sites.

Texas reported 50,661 chlamydia infections in 1997, an 18% increase from 1996. Since it appeared in 1996 that the number of reported chlamydia cases was beginning to decrease for the first time since 1987, this upturn may be the result of increased IPP screening. In 1997, the IPP sentinel sites tested and collected risk factor data on nearly 15,000 women and 450 men, and identified 1,310 chlamydial infections and 633 gonorrhea infections.

In 1999, the IPP will begin doing screening outside the sentinel sites. Targeting adolescent females at high risk for STDs, project funds will be used to conduct urine test screening in juvenile detention centers and jails. The IPP is also negotiating to add another STD sentinel site this year.

For more information about the project, call Lois Kantor at (512) 490-2515.

### Pre-Conference Session Covers HIV Testing

The TDH Bureau of Laboratories is presenting a pre-conference workshop entitled "HIV: An Update on Testing Methodology and Current Issues" on Monday, April 5 at the Austin Convention Center. The workshop is designed to give an overview of testing methods, suitable specimens and proposed changes in testing. Various test methods and alternative test methods such as oral fluid and urine will be discussed. Continuing education will be available.

The fee for this workshop is \$65 before March 5 and \$90 after that date. Call James L. Harris, PhD., Bureau of Laboratories, at (512) 458-7566 for more information.



Many thanks to our 12th Annual Texas HIV/STD Conference Supporters!

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- 3/12-3/14 CONFERENCE: HIV Prevention in Rural Communities: Sharing Successful Strategies, Indianapolis. Call (800) 933-9330 for more information.
- 3/14-3/17 CONFERENCE: 1999 Street Outreach Workers Conference, Austin. Sponsored by the Texas HIV Connection, Workers Assistance Program. Call (512) 343-8749 for details.
- 3/18 DOWNLINK: "Effective STD/HIV Prevention Counseling for the Busy Primary Care Provider," 11 am-1 pm CST. Call (512) 490-2535 to view program at TDH Austin; call (214) 819-1947 to downlink program at other sites.
- 3/23-3/26 CONFERENCE: 11th National HIV/AIDS Update Conference, San Francisco. Call (415) 920-7000 or go to [www.nauc.org](http://www.nauc.org) for more information.
- 4/1-4/30 EVENT: National STD Awareness Month. Sponsored by the American Social Health Association.
- 4/6-4/9 CONFERENCE: 12th Annual Texas HIV/STD Conference, Austin. See Page 1 for details!
- 4/18-4/20 CONFERENCE: Texas Public Health Association 74th Annual Educational Conference, Plano. Call (512) 451-1846 for more information.
- 4/19-4/20 CONFERENCE: 24th Annual Adolescent Sexuality Conference, Seaside OR. Call Kristen Nelson at (502) 373-3751 for more information.
- 4/29 DOWNLINK: "Update on Preventing Perinatal Transmission of HIV," 12-2 pm CST. Sponsored by CDC. Call (512) 490-2535 to view at TDH; call (800) 458-5231 to downlink at other sites.
- 5/26-5/29 CONFERENCE: 11th Annual National Conference on Social Work and HIV/AIDS, Chicago. Call (617) 552-4038 for details.
- 6/2-6/4 CONFERENCE: 57th Annual Meeting of the U.S./Mexico Border Health Association, San Antonio. Call (915) 581-6644 for registration information.
- 6/14-6/25 TRAINING: Introduction to STD Intervention, Dallas. Call (512) 490-2535 for details.
- 6/27 EVENT: National HIV Testing Day. Sponsored by the National Association of People with AIDS. Call (202) 898-0414 for details.
- 6/27-6/30 CONFERENCE: Second National Conference on Women, Los Angeles. Sponsored by the Substance Abuse and Mental Health Services Administration, U.S. Dept. of Health and Human Services. Call (202) 973-8657 for details.
- 8/29-9/1 CONFERENCE: National HIV Prevention Conference, Atlanta. Sponsored by CDC. Call (800) 458-5231 or go to [www.cdc.gov/nchstd/hiv\\_aids/dhap.htm](http://www.cdc.gov/nchstd/hiv_aids/dhap.htm) for more information.
- 9/8-9/10 CONFERENCE: The 14th National Neonatal Screening Symposium, St. Louis. Call (702) 917-8000 for more information.

## Ugandan Study Finds STD Control May Not Lower HIV Incidence in Heavily Infected Populations

A large clinical trial in a Ugandan population heavily infected with HIV showed that HIV incidence was not reduced by STD control measures. This study, begun in 1994 by Makerere University in Uganda, the Johns Hopkins School of Public Health and the Columbia University School of Public Health, contradicted an earlier study in Tanzania, which found that HIV infection rates were almost 40% lower after STD control measures were implemented.

The authors, writing in the February 13 issue of *The Lancet*, attribute the different findings of the two studies to the degree of HIV exposure in the two populations. In Uganda, the "prevalence of HIV-1 exposure at baseline was 15.9%," while in Tanzania it was only 4.1%. Thus, in the Ugandan population, "a substantial proportion of acquisition seems to occur independently of treatable STD cofactors".

Although the mass treatment campaign had a significant impact on STDs other than HIV, there was no difference in HIV incidence between the treated and untreated populations. "Our data show that STDs increase the risk of HIV infections at an individual level, but with the high background

prevalence of HIV, most HIV transmission occurs independently of STD transmission," said study contributor Ronald Gray of Johns Hopkins.

In an accompanying commentary to the report, Penny Hitchcock and Lieve Fransen of the National Institute of Allergy and Infectious Disease (NIAID) note that while reducing the incidence of STDs may not have a short-term impact, it may have long-term consequences. The authors argue that STD control should be added to the list of common prevention measures such as condom availability, clean needles, and caesareans for pregnant women. They conclude: "In view of the prevalence of treatable STDs in resource-limited populations that are vulnerable to the HIV epidemic, anything short of an immediate response and a sustained commitment to STD prevention and control programs is unthinkable."

## Kaiser Foundation Delivers Online HIV/AIDS Report

The Kaiser Family Foundation website - [www.kff.org](http://www.kff.org) - now features the Kaiser Daily HIV/AIDS Report. This free online service is designed to provide the latest HIV/AIDS news - highlighting legislative, political, legal, scientific and business developments.

News stories in the Kaiser Daily HIV/AIDS Report are drawn from more than 300 news sources nationwide. The report also offers hypertext links from the news stories to more extensive information on the internet; a calendar of events; a keyword-searchable database; and free e-mail delivery. You can register for e-mail delivery at [www.kff.org/register](http://www.kff.org/register).

## Texas HIV/STD UPDATE

News and Information from the  
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# National News and Research



## Culturally Relevant Interventions Reduce Incidence of STDs

A risk reduction intervention designed to alter the behavior of minority women by using culturally specific strategies significantly reduced incidence of gonorrhea and chlamydia, according to a study published in the January 15 *New England Journal of Medicine*.

Researchers at the University of Texas Health Science Center at San Antonio enrolled about 600 Mexican-American and African-American women with nonviral STDs in a program to test the efficacy of three small-group interventions aimed at reducing the re-occurrence of STDs. Half

of the participants received standard STD counseling, while the other half received three four-hour small-group sessions based on the AIDS Risk Reduction Model. The women in the small-group behavior intervention were counseled to "recognize personal susceptibility, commit to changing their behavior and acquire necessary skills."

The counselors integrated ethnographic data into the sessions to address such issues as the desire of "Mexican Americans to protect one's family from harm or shame" and "African Americans' emphasis on cleanliness and disease prevention." The women were tested for gonorrhea and chlamydia at the start of the intervention, after six months and at the one-year mark. The researchers found that the re-infection rate of the intervention group was "significantly less" than that of the control group. The reinfection

rate of the intervention group "was 34% less than that in the control group at six months, 49% less at 12 months and 38% less overall."

Fewer women in the intervention group had sex with untreated partners, had multiple sex partners or engaged in more than five acts of unprotected sex. The authors conclude that "[t]hese factors may affect the rates of infection more directly than increases in the frequency of condom use or decreases in the number of sexual acts." The authors call for more "culturally relevant" STD prevention programs.

Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, said, "The study confirms that sexually transmitted diseases can be prevented through behavior intervention. In the absence of effective vaccines, this type of intervention is our best hope to control the STD/HIV epidemic today."

## C-Sections Plus AZT Can Stop HIV During Pregnancy

An HIV-positive woman can nearly eliminate the risk of transmitting the virus to her baby during birth if she takes AZT during pregnancy and has a Caesarean delivery, a new study has found.

According to the study, scheduled to appear in the April 1 issue of the *New England Journal of Medicine*, a woman combining both the drug and the operation has only about a two percent chance of passing the disease on to her baby, compared to a 7.3% transmission risk with AZT alone, a 10.4% risk with Caesarean sections alone and a 19% risk with vaginal delivery without AZT.

The journal said it decided to release the data via the Internet in advance of the printed magazine because of the public health importance. "All infected women need to be told about this information," noted Dr. Lynne Mofenson, a co-author of the report at the National Institute of Child Health and Human Development. A large part of the data had been revealed last summer at a meeting, and since then, many obstetricians have routinely begun Caesareans for mothers-to-be with the virus.

## Yale Study Finds HIV May Remain Viable in Syringes for More than 4 Weeks

A recent multicenter group study found that HIV-1 recovered from syringes can remain viable for four weeks or longer.

This has especially important implications for syringe exchange programs "...because not only do these programs provide new, sterile injection equipment, but they also remove from circulation potentially infectious needles and syringes," Dr. Nadia Abdala of Yale University reported in the January 1, 1999 issue of the *Journal of Acquired Immune Deficiency Syndromes and Human Retrovirology*.

Abdala and her colleagues determined the duration of survival of HIV-1 in used syringes by using a microculture assay to detect the viability and duration of survival of HIV-1 in the blood that typically remains in syringes of injection drug users.

"Using this assay and modeling the worse-case situation for syringe sharing, we have recovered viable, proliferating HIV-1 from syringes that have been maintained at room temperature for periods in excess of four weeks," they report. They also found that the volume of blood in the syringe, along with the titer of HIV-1 in the blood, determined whether or not viable HIV-1 was recovered.

Abdala's group feels that these "...findings have implications in the design of public health recommendations for preventing the spread of HIV-1 among drug injectors." HIV-1-contaminated syringes are potentially infectious for prolonged periods, which highlights the importance of targeted interventions to encourage the disposal of used syringes and to reduce the practice of syringe sharing.



# Who to Call?

## Bureau of HIV/STD Prevention:

Main Number.....(512) 490-2500\*  
 Bureau Central Office.....(512) 490-2505  
 HIV/STD Clinical Services Section.....(512) 490-2505  
 Clinical/Case Management Program.....(512) 490-2505  
 HIV/STD Medication Program.....(512) 490-2510  
 HIV/STD Medication Program Hotline.....(800) 255-1090  
*\*Gives callers the option of dialing direct extensions or selecting the Central Office, Epidemiology Division or Health Resources Division.*

**HIV/STD Health Resources Division:** (512) 490-2515  
 Field Operations Branch.....(512) 490-2520  
 Grants and Contracts Branch.....(512) 490-2530  
 Training and Public Education Branch.....(512) 490-2535

**HIV/STD Epidemiology Division:** (512) 490-2545  
 Information Systems Branch.....(512) 490-2550  
 Epidemiologic Monitoring Branch.....(512) 490-2565  
 Research and Program Evaluation Branch.....(512) 490-2555  
 Surveillance Branch.....(512) 490-2560

Texas HIV/STD InfoLine.....(800) 299-2437  
 (En Español) (800) 299-2437  
 (TDD-Hearing Impaired) (800) 252-8012

## State Organizations:

To report a notifiable condition.....(800) 705-8868  
 TDH Audiovisual Library.....(512) 458-7260  
 HIV Funding Information Center.....(512) 458-7684  
 Texas Human Rights Foundation Legal Hotline.....(800) 828-6417  
 AIDS Helpline for Health Professionals.....(800) 548-4659  
 Coalition of Texans with Disabilities.....(512) 478-3366  
 Texas Commission On Alcohol & Drug Abuse.....(512) 463-5510  
 Texas Department of MHMR HIV/AIDS Program.....(512) 206-5990

## National Organizations/Hotlines:

National AIDS Hotline.....(800) 342-AIDS  
 (En Español) (800) 344-SIDA  
 (TDD-Hearing Impaired) (800) AIDS-TTY  
 National STD Hotline.....(800) 227-8922  
 HIV/AIDS Treatment Information Service.....(800) HIV-0440  
 AIDS Clinical Trials Information.....(800) 874-2572  
 Minority Health Resource Center.....(800) 444-MHRC  
 National AIDS Information Clearinghouse.....(800) 458-5231\*  
*\*For CDC education Materials, MMWR's and CDC Updates.*  
 National Association of People with AIDS.....(202) 898-0414  
 Pediatric AIDS Coalition.....(800) 336-5475  
 People with AIDS Coalition Hotline.....(800) 828-3280  
 Nat'l Clinician's Post Exposure Prophylaxis Hotline.....(888) 448-4911



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